



1624.78

Patent
Attorney's Docket No. 002010-678

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of)
Andrei Konradi, et al.) Group Art Unit: 1624
Application No.: 09/909,838) Examiner: Kifle, Bruck
Filed: July 20, 2001) Confirmation No.: 8810
For: BETA-AMINO ACID DERIVATIVES-)
INHIBITORS OF LEUKOCYTE)
ADHESION MEDIATED BY VLA)

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AMENDMENT/REPLY TRANSMITTAL LETTER

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Enclosed is a reply for the above-identified patent application.

- ☒ A Petition for Extension of Time is also enclosed.
- ☐ A Terminal Disclaimer and a check for ☐ \$55.00 (2814) ☐ \$110.00 (1814) to cover the requisite Government fee are also enclosed.
- ☐ Also enclosed is _____.
- ☐ Small entity status is hereby claimed.
- ☐ Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the ☐ \$375.00 (2801) ☐ \$750.00 (1801) fee due under 37 C.F.R. § 1.17(e).
- ☐ Applicant(s) previously submitted __, on __, for which continued examination is requested.
- ☐ Applicant(s) request suspension of action by the Office until at least __, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.
- ☐ A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (146/246) is also enclosed.
- ☐ No additional claim fee is required.

☒ An additional claim fee is required, and is calculated as shown below:

A M E N D E D C L A I M S					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims	69	MINUS 26 =	43	× \$18.00 (1202) =	774.00
Independent Claims	1	MINUS 3 =	0	× \$84.00 (1201) =	0
If Amendment adds multiple dependent claims, add \$280.00 (1203)					280.00
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					1054.00

☒ A check in the amount of \$1164.00 is enclosed for the Extension of Time fee \$110.00 and Additional Claims fee \$1054.00.

☐ Charge \$_____ to Deposit Account No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Date: 01/16/03

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